

## ANNUAL CHILD CARE RATES SURVEY - LICENSED GROUP DAY CARE

Personal information you provide on this form may be used for secondary purposes (Privacy Law, s.15.04 (1)(m))

Dear Child Care Provider,

Each year Wisconsin child care agencies survey **all licensed providers** to collect child care price and related information. The goal of this survey is to establish the most accurate market rates for each county and tribe to be used to reimburse day care costs for low to moderate income families. The price information you submit may be used to calculate the annual Maximum County/Tribal Rate for the Wisconsin Shares Subsidy Program as required by DWD 56.06 of the Wisconsin Administrative Code. Your cooperation in completing and submitting this survey (along with your current printed price sheet) will allow us to establish a rate that is fair and competitive so that we may assist as many families as possible. *Please return this survey within the given time.*

All prices reported must be those you regularly charge "private-pay families" (i.e., families whose child care services are not subsidized with public funds). Report **current** weekly prices. Please indicate the prices you charge according to the age categories listed on the following page. Field trip fees, meal fees, transportation fees and material fees, unless incorporated into the weekly price for child care, cannot be paid for separately and therefore should not be reported on the survey. Verification of your reported price is necessary in order to accurately calculate the local agency maximum reimbursement rates for licensed family child care providers. ***Return this survey along with a copy of your current typed or printed fee schedule to the address listed here, even if you have not or are not caring for a child who qualifies for subsidy funding:***

The survey must be returned by \_\_\_\_\_. ***Only your verified weekly prices (from printed rate sheet) will be included in the calculation to determine 2004 maximum county/tribal child care reimbursement rates.*** If you have a registration fee policy, enclose a typed or printed copy of that also.

Please answer the following questions:

Licensed Group capacity for July 2003 \_\_\_\_\_  
Number of private pay children served in July 2003 \_\_\_\_\_

1. Is your program open at least 11 months per year? ☐ Yes ☐ No
2. Is your program open 5 days/week? ☐ Yes ☐ No
3. Is your program open at least 5 hours each day? ☐ Yes ☐ No
4. Is your licensed day care accredited? ☐ Yes ☐ No.  
If yes, please submit a copy of your accreditation certificate.
6. Does your daycare provide child care for a "targeted population" (e.g., employer-sponsored, Head Start Wrap Around, 51.437, etc.)? ☐ Yes ☐ No.  
If yes, does your center also offer open enrollment for the general public? ☐ Yes ☐ No

Continue on the back

Day Care Name:		
Owner/Operator:		
Address of Facility:		Phone:
City:	State:	Zip:

Please provide your standard full-time price for each of the age categories below by completing the full-time weekly fee column with the price that you charge for that age group (include all prices for the age group). Include the price you charge even if you currently are not caring for any children in that age category. Indicate with N/A if you do not care for an age group. **If you charge on an hourly basis, you must indicate the amount that you charge for privately paying parents for a child who attends full time.**

	Full-time weekly fee	
<b>Under age 2 years</b>		
<b>Ages 2 thru 3 years</b> (3 years and 11 months)		
<b>Ages 4 thru 5 years</b> (5 years and 11 months)		

School Age Care:

If you serve this age group, please indicate your price structure (if not, indicate no with N/A):

Age group	Full-time fee (summer, breaks, etc) = Number of hours _____			Part-time fee (before and after school) = Number of hours _____		
	Weekly	Daily	Hourly	Weekly	Daily	Hourly
6 years and older						

Please indicate the number of hours of school-age care your program offers:

Before school: \_\_\_\_\_ hours/day

After school: \_\_\_\_\_ hours/day

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Please read, check that you understand each point, sign and return to the address on front.

- \_\_\_\_\_ I have enclosed my printed price sheet.
- \_\_\_\_\_ I understand that, by signing this form, I acknowledge that the fees I have listed here are fees charged to private pay parents.
- \_\_\_\_\_ I understand that I am required to submit a copy of my current price schedule in order to be reimbursed for children that are funded by the Wisconsin Shares Program.

Signature \_\_\_\_\_ Date \_\_\_\_\_